

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/27/2015	
NAME OF PROVIDER OR SUPPLIER MONROE PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S ADAMS RD BLOOMINGTON, IN 47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: March 26 & 27, 2015</p> <p>Facility number: 004016 Provider number: 004016 AIM number: N/A</p> <p>Survey team: Cheryl Mabry, RN-TC Suzie Worsham, RN Angela Patterson, RN Kim Gines, RN (3/27/2015)</p> <p>Census bed type: Residential: 40 Total: 40</p> <p>Residential sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on April 02, 2015; by Kimberly Perigo, RN.</p>			R 000	<p>Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists, or that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, any employees, agents or other individuals who drafted or may be discussed in this response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by this facility of the facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This Plan of Correction is prepared and/or executed to satisfy provisions of federal and state law. Monroe Place respectfully requests that the 2567 Plan of Correction be considered credible evidence and requests a desk review.</p>		
R 121	410 IAC 16.2-5-1.4(f)(1-4)						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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Bldg. 00	<p>Personnel - Noncompliance</p> <p>(f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on interview and record review,</p>		R 121	It is the intent of this community		04/17/2015	

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	<p>the facility failed to ensure a two-step tuberculin skin test was timely completed for 1 out of 2 newly hired employees reviewed for tuberculin health screen. (Housekeeper #1).</p> <p>Findings include:</p> <p>Review of Housekeeper #1's employment records on 3/27/2015 at 9:00 a.m., indicated a date of hire as 1/21/2015.</p> <p>Housekeeper #1 received a first step tuberculin test on 1/16/2015. The skin test was read on 1/18/2015. The second step tuberculin test was administered on 2/18/2015 and read on 2/20/2015 (1 month).</p> <p>During an interview on 3/27/2015 at 10:00 a.m., the Administrator indicated Housekeeper #1 did not receive a tuberculin test from a previous employer prior to the start date of 1/21/2015. The second step tuberculin test should have been given two weeks after the first tuberculin test was read. Housekeeper #1 did not have the second tuberculin test during the right time frame.</p> <p>On 3/27/2015 at 10:05 a.m., the Administrator indicated the facility did not have a policy related to employee tuberculin testing. The facility just</p>				<p>that a health screen shall be required for each employee prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered as follows:</p> <p>1. At the time of employment or within one month prior to employment and at least annually thereafter, employees and nonpaid personnel of the facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one to three weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>2. Employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>3. The community shall maintain a health record of each employee</p>		

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	follows the state guidelines.				<p>that includes reports of all employment related health screenings.</p> <p>4. An employee with symptoms or signs of active disease, symptoms suggestive of active tuberculosis, including but not limited to, cough, fever, night sweats, and weight loss shall not be permitted to work until tuberculosis is ruled out.</p> <p>1. What action has been taken to correct the deficient practice for affected residents? No residents were found to have been affected by this deficiency. Housekeeper #1 received a first step tuberculin test on 01/16/2015 which was read on 01/18/2015. To ensure housekeeper #1 received a second step tuberculin test during the right time frame the test was repeated with a first step tuberculin test completed on 03/27/2015 and read on 03/29/2015. A second step tuberculin test was given on 04/06/2015 and read on 04/08/2015.</p> <p>2. How were others identified who have the potential to be affected identified? The Executive Director and/or designee audited employee tuberculin records. No other employees were found to be affected.</p> <p>3. What measures or systemic changes were put into place to ensure this does not re-occur? A calendar has been developed to track new hire</p>		

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					<p>tuberculin skin tests as well as annual tuberculin skin tests to ensure newly hired employees receive a first and second step tuberculin skin test and annual tuberculin skin tests within the time frames noted above.</p> <p>1. How will the corrective actions be maintained? Through the Quality Checks process the tuberculin tracking calendar and employee health record will be checked daily x 30 days, weekly x 90 days and monthly thereafter by the Executive Director and/or Designee to ensure continuing compliance.</p>		